

Iowa Educator Professional Permit to Carry Quarterly Qualification Form

Permit Holder Name (as it appears on Weapon Permit): _____

Permit Holder Residential Address: _____
(Street) (City) (Zip)

Permit Holder Weapon Permit Number: _____

School District Employed at: _____

School District Address: _____
(Street) (City) (Zip)

School District Contact Name: _____

School District Contact Phone Number: _____

Permit Holder's Signature: _____ Date: _____

Curriculum Name: _____

Approved DPS Course Number: _____ Date of Training: _____

Location of Firearms Live Fire: _____

Training Instructor: _____

Instructor Phone Number: _____

Instructor Email Address: _____

Range Score: _____%

Instructor's Signature: _____ Date: _____

Please send completed form and range qualification scores back to the Iowa Department of Public Safety:

Email: wpinfo@dps.state.ia.us

Address: Iowa Department of Public Safety
Attn: Weapon Permits
215 E. 7th St
Des Moines, IA 50319

